

Please Direct All Correspondence to Customer Number **20995****AMENDMENT / RESPONSE TRANSMITTAL**

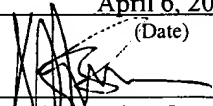
Applicant : McCarty, Mark F.
 App. No : 09/912,472
 Filed : July 24, 2001
 For : CHROMIUM/BIOTIN TREATMENT
 OF TYPE II DIABETES
 Examiner : Cook, Rebecca
 Art Unit : 1614

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

April 6, 2005

(Date)


 Ned A. Israelsen, Reg. No. 29,655
Mail Stop Amendment

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) AMENDMENT AND RESPONSE TO OFFICE ACTION in twelve (12) pages.
- (X) First Declaration of James Komorowski Under 37 C.F.R. §1.132 in two (2)2 pages with attached Exhibits 1-2 in twelve (12) pages.
- (X) Second Declaration of James Komorowski, Under 37 CFR §1.132 in three (3) pages with attached Exhibits A-C in thirteen (13) pages.
- (X) The present application qualifies for small entity status under 37 C.F.R. § 1.27.

The fee has been calculated as shown below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Total Claims	26 - 26 = 0	2202 (\$25)	0 x 25 =	\$0
Independent Claims	7 - 7 = 0	2201 (\$100)	0 x 100 =	\$0
2 Month Extension		2252 (\$225)		\$225
1Month Extension paid on 1/26/05				\$ (60)
			TOTAL FEE DUE	\$165

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- (X) An extension of time is hereby requested by payment of the appropriate fee indicated above.
- (X) A check in the amount of \$165 (2 month extension fee less 1 month extension fee previously paid) is enclosed.
- (X) Return prepaid postcard.
- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



Ned A. Israelsen
Registration No. 29,655
Attorney of Record
Customer No. 20,995
(619) 235-8550